



510(k) Premarket Notification  
***Long Lateral Spinal System***

**510(k) Summary**

JUN 20 2011

In accordance with Title 21 of the Code of Federal Regulations, Part 807, and in particular 21 CFR §807.92, the following summary of information is provided:

**A. Submitted by:**

Elias Ketchum  
 Regulatory Affairs Associate  
 NuVasive, Incorporated  
 7475 Lusk Blvd.  
 San Diego, California 92121  
 Telephone: (858) 320-4588  
 Fax: (858) 320-4688

Date Prepared: May 16, 2011

**B. Device Name**

Trade or Proprietary Name: *NuVasive® Long Lateral Spinal System*  
 Common or Usual Name: Anterior/ Anterolateral, Noncervical System  
 Classification Name: Spinal Intervertebral Body Fixation orthosis  
 Device Class: Class II  
 Classification: §888.3060  
 Product Code: KWQ

**C. Predicate Devices**

The subject *Long Lateral Spinal System* is substantially equivalent to the following devices:

- K091502 – NuVasive, Inc. SpheRx Spinal System
- K011556 – Aesculap MACS TL HMA Anterior Spinal Stabilization System
- K965145 – DePuy, Inc. Moss Miami Ti
- K993030 – DePuy, Inc. ISOLA

**D. Device Description**

The *NuVasive Long Lateral Spinal System* consists of a variety of screws, rods, staples, and caps. Implant components can be rigidly locked into a variety of different configurations to suit the individual pathology and anatomical conditions of the patient.

**E. Intended Use**

When used as an anterolateral non-pedicle screw system in the thoracic and lumbar spine, the *NuVasive Long Lateral Spinal System* is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of the spine: (1) degenerative disc disease (as defined by back pain of discogenic origin with degeneration of the disc confirmed by patient history and radiographic studies), (2) spinal stenosis, (3) spondylolisthesis, (4) spinal deformities, (5) fracture, (6) pseudoarthrosis, (7) tumor resection, and/or (8) failed previous fusion.



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**F. Technological Characteristics**

As was established in this submission, the subject *Long Lateral Spinal System* is substantially equivalent to other predicate devices cleared by the FDA for commercial distribution in the United States. The subject device was shown to be substantially equivalent and have the same technological characteristics to its predicate devices through comparison in areas including design, intended use, material composition, function, and range of sizes.

**G. Performance Data**

Nonclinical testing was performed to demonstrate that the subject *Long Lateral Spinal System* is substantially equivalent to other predicate devices. The following testing was performed:

- Static and dynamic compression testing per ASTM F1717
- Static torsion testing per ASTM F1717

The results of these studies show that the subject *Long Lateral Spinal System* meets or exceeds the performance of the predicate device, and the device was therefore found to be substantially equivalent.

**H. Conclusions**

Based on the indications for use, technological characteristics, performance testing, and comparison to predicate devices, the subject *Long Lateral Spinal System* has been shown to be substantially equivalent to legally marketed predicate devices, and safe and effective for its intended use.



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room -WO66-G609  
Silver Spring, MD 20993-0002

NuVasive, Incorporated  
% Mr. Elias Ketchum  
Regulatory Affairs Associate  
7475 Lusk Boulevard  
San Diego, California 92121

JUN 20 2011

Re: K111410

Trade/Device Name: NuVasive® Long Lateral Spinal System  
Regulation Number: 21 CFR 888.3060  
Regulation Name: Spinal intervertebral body fixation orthosis  
Regulatory Class: Class II  
Product Code: KWQ  
Dated: May 17, 2011  
Received: May 27, 2011

Dear Mr. Ketchum:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act

or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



for

Mark N. Melkerson  
Director  
Division of Surgical, Orthopedic  
and Restorative Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

### Indications for Use

510(k) Number (if known): K111410

Device Name: NuVasive® Long Lateral Spinal System

#### Indications For Use:

When used as an anterolateral non-pedicle screw system in the thoracic and lumbar spine, the NuVasive Long Lateral Spinal System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of the spine: (1) degenerative disc disease (as defined by back pain of discogenic origin with degeneration of the disc confirmed by patient history and radiographic studies), (2) spinal stenosis, (3) spondylolisthesis, (4) spinal deformities, (5) fracture, (6) pseudoarthrosis, (7) tumor resection, and/or (8) failed previous fusion.

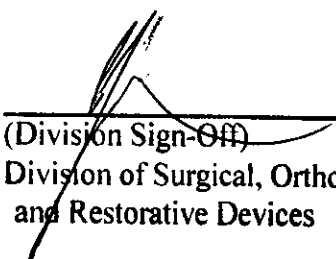
Prescription Use ☒  
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

  
(Division Sign-Off)  
Division of Surgical, Orthopedic,  
and Restorative Devices

510(k) Number K111410